(b) Yes, Sir. The Government has a strong surveillance system to get information from districts and States regarding polio virus transmission. The India Expert Advisory Group (IEAG) in its meeting held on 29-30th May, 2007 has indicated that Western Uttar Pradesh and Bihar are very high risk for sustaining wild polio virus transmission in second half of 2007.

(c) NGOs and panchayats are being extensively mobilised at the grass root level during the polio immunisation campaigns through the Government machinery and through the community mobilisers of United Nation International Children Emergency Fund (UNICEF), Civil Survival Collaboration and Resources Group (CORE) and Rotary. The Government has deployed Accredited Social Health Activists (ASHA) workers [community workers under National Rural Health Mission (NRHM)] and Anganwadi Workers (AWW) as vaccination team members and mobilizers for the polio campaigns. During each polio campaign, door to door search is made to each and every house in the area where the polio campaign is being conducted to immunise children under the age of 5 years with the help of these NGOs and community level workers.

Female foeticide in Orissa

649. SHRI C. RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether his Ministry is aware of the fact the female foeticide has been rampantly practiced in some of the hospitals in Nayagara, Orissa;

(b) if so, what measures are being taken to prohibit and contain such acts across the country;

(c) whether the State Governments have been sensitized on the issue and the Medical Council have been directed to debar the guilty from the profession;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) There has been report of female foeticide in the district of Nayagara in the State of Orissa. The State Government of Orissa has constituted a Task Force Committee in each district to enforce the provision of Pre-Conception and Pre-Natal Diagnostic Techniques Act (PC&PNDT) and Medical Termination of Pregnancy (MTP) Act. The Government of India is in the process of consideration of carrying out amendments to the PC&PNDT Act to make its implementation more stringent. A National Support and Monitoring Cell (NSMC) which has been formed to intensify the implementation of the Act in the country, has been strengthened with the appointment of a Leader. The State Governments have been provided funds for implementation of the Act under Reproductive and Child Health Programme-II.

(c) to (e) The State Governments have been instructed to take actions as per the PC&PNDT which includes filing up of the Court cases against the violators of the Act and reporting of name to the concerned State Medical Council by the appropriate

authority for taking necessary actions including suspension of the registration if the charges are framed by the Court and till the case is disposed off and on conviction for removal of his name from the register of the Council for a period of five years for the first offence and permanently for the subsequent offence.

Study on the working of hospitals

650. SHRI SANTOSH BAGRODIA:
SHRI GIREESH KUMAR SANGHI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any study has been made by Government about working of Government hospitals in different parts of the country and if so, the details thereof; and

(b) whether it is a fact that many equipments purchased by hospitals are not used for years and they become obsolete by the time they are ready for use and if so, the details thereof, hospital-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The Ministry has conducted a Facility Survey (2003) in the country under Reproductive and Child Health (RCH) programme. The survey has collected information regarding the health care facilities available in different health care establishments, ranging from Sub Centres, Primary Health Centres, Community Health Centres, First Referral Units to District Hospitals. The focus of the study is to provide situation of health care facilities prevailing in the country. Tables depicting the status of infrastructure, manpower, drugs and equipments at District Hospitals/CHCs/FRUs are given in Statement I, II, III and IV, respectively (*See* below).

(b) In Central Government Hospitals equipments are purchased with adequate planning and equipments purchased are put to use immediately and are not allowed to be kept unused. There is no such specific information about various State Government run hospitals as they are under the control of respective State Governments.

Statement-I

Percentage of Health Care Establishments with specific infrastructure facilities, India, Facility Survey, 2003

Sl. No.	Infrastructure Facility	DH	FRU	CHC
1	2	3	4	5
1.	Own building	97.0	94.7	91.0
2.	Maintenance at least once in three years	40.1	39.9	37.7
3.	Source of water—Pipe	58.7	49.1	43.9
4.	Source of water—Well (including tube well)[1]	41.2	50.9	56.1